

**STATEWIDE HOSPITAL AND AMBULANCE
GENERAL EMERGENCY READINESS EXERCISE**

COMMUNICATIONS GUIDE



August 27, 1999

INTRODUCTORY LETTER

A letter will appear here from each distinct organization that distributes the Communication Guide to its stakeholders. Each letter should mention at least the following points:

- The importance of using the Communication Guide to provide a consistent message from both public-and-private sector exercise participants
- The importance of clear, concise, and timely information that expresses that this exercise is part of disaster preparedness that continues year-after-year for all forms of natural and man-made hazards
- The focus of the exercise is to provide a contingency planning evaluation for all forms of hazards, including potential Y2K interruptions
- The organization's complete support of the exercise through a public-private partnership
- The importance of taking the message to the public so they are aware of the extraordinary efforts being made by both public-and-private sector healthcare organizations to prepare for emergencies
- The importance of supporting all exercise participants, as part of the team working in healthcare statewide

ACTION ITEMS

- The letter should be signed and approved by an organization executive.
- This Communication Guide should be used in accordance an organization's media plan.

Delivering Preparedness Messages to the Media and Public

Introduction and Purpose

This communications guide has been developed to assist in providing information to the public and the media about California hospitals' and health systems' participation in the September 16, 1999 Statewide Hospital and Ambulance General Emergency Readiness Exercise. The exercise provides a broad base of general emergency preparedness activities based on potential scenarios of power outages, hospital overflow, hazardous material incidents and communications problems. A hypothetical Y2K event is being used in the exercise scenario, but the other events in the scenario often occur as a result of natural and man-made hazards. The information in this guide is based on information gathered from both public and private sources dealing with healthcare preparedness and general emergency management. Users of this guide may include public information officers from participating organizations, healthcare associations, hospitals, ambulance service providers, community emergency managers and other exercise participants.

The information is intended for dissemination to the general public and Media. If you need more in-depth technical information, please contact one of the following organizations:

- | | |
|--|---|
| ➤ California Healthcare Association | Roger Richter: rrichter@calhealth.org |
| ➤ Healthcare Association of
Southern California | Mark Gamble: mgambl@hasc.org |
| ➤ Hospital Council of Northern and
Central California | Lynn Baskett: lbaskett@hcncc.com
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| ➤ Healthcare Association of San Diego
and Imperial Counties | Alesha Andrews: aandrews@hasdic.org |

It is important for all participants in the Statewide Hospital and Ambulance General Emergency Readiness Exercise to deliver consistent information. The key messages in this guide have been reviewed by the public and private organizations involved in the organization and facilitation of the exercise.

Content of the Communications Guide

The guide includes the following tools to prepare for media briefings or for public information opportunities:

- Background Summary for the Exercise Scenario
- Fact Sheet
- Sample News Releases (Pre and Post-Exercise)
- Talking Points
- Roles of Healthcare Provider Organizations
- Key Contacts at Healthcare Provider Organizations
- Regional Healthcare Provider Association Map
- Roles of Facilitating Government Organizations
- Key Contacts at Facilitating Government Organizations
- Mutual Aid Region Map
- A Brief Y2K Calendar
- Diagram of Exercise Communications Flow

Delivering Preparedness Messages to the Media and Public (continued)

Using the Communications Guide

This guide provides specific disaster messages for health care providers involved in disaster planning. In addition, the guide provides some general concepts for communicating about Y2K. The messages are worded in such a way that they provide information that will help the audience in understanding how the exercise and emergency preparedness will assist them.

Since the anxiety level regarding Y2K may increase during the next few months, it is important for the health community to provide credible and reassuring information. For example, instead of saying, "The public will likely experience interruptions and problems," you might say, "Our hospital has prepared our staff for the possibilities of Y2K interruptions so that if there are any interruptions, they will be minimized. We will keep the public informed about the status of hospital operations throughout the periods of concern." This allows those hearing or reading the message to focus on what they will experience, or how they can get information during any unforeseen interruptions. If possible, follow this message point with specific examples of what your hospital or ambulance service is doing to ensure continuity of care.

Awareness messages regarding emergency preparedness can be very helpful. An awareness message raises the awareness level of community members in recognizing that disasters can and do happen in their communities and they can do something to prepare for and lessen the effects of a disaster. Good examples of awareness messages include testimonials from neighbors and local government because they bring the reality of emergency planning close to home. Everyone has seen stories of hospitals involved in a disaster response on the evening news, but people often do not perceive them as real or as local; in fact, for some people, seeing too much "disaster news" can actually heighten their denial. They may feel they do not have any control, that they cannot do anything to prepare themselves or their community, or that what they can do would not matter.

Giving people information, which empowers them, is a public service. Consider designing messages for people with disabilities and elderly people who may have difficulty in obtaining transportation to a healthcare facility. They should make preparations for this challenge in the event there is a temporary breakdown in community infrastructure as a result of any disaster, including Y2K interruptions.

When making a presentation, developing a news release, or writing an article for a newspaper or bulletin, it is recommended that you select three or four of the most relevant messages from the guide with the greatest appeal to your targeted audience. Design your presentation or news release around your chosen messages, providing sub-messages and supporting and/or background information as necessary. If time or space is limited, evaluate your audience and the chosen topic to determine the most important messages. Preparation may be the most important message to share.

Delivering Preparedness Messages to the Media and Public (continued)

If you will be conducting periodic presentations or briefings for the same group or selected reporters, you may choose to use several sections of this document spread out over time. Whenever possible, using physical props such as specific pieces of medical equipment, or real life examples to make your presentation interactive will provide the greatest impact on your audience.

If you would like further information, brochures, or materials about healthcare disaster preparedness, or disaster preparedness for individuals, use the following websites to access information tools, including the latest frequently asked questions (FAQ):

California Healthcare Association	http://calhealth.org
California Ambulance Association	http://www.the-caa.org/
California Emergency Medical Services Authority	http://www.emsa.ca.gov
California Department of Health Services	http://www.dhs.ca.gov
California Office of Emergency Services	http://www.oes.ca.gov
American Red Cross	http://www.redcross.org/disaster/safety

This material was developed using guidance found in:
Talking About Disaster: Guide for Standard Messages.
Produced by the National Disaster Education Coalition,
Washington, D.C., 1999

Background Information for the Exercise Scenario

The American Hospital Association and the California Healthcare Association prepared this section.

The Statewide Hospital and Ambulance General Emergency Readiness Exercise is designed to assist in gathering general disaster preparedness information. We are using a hypothetical Y2K event as the basis for this exercise.

What is the Basis for Potential Y2K Problems?

Some call it the “millennium bug”; others call it a computer problem. No matter what name is used, the year 2000 (Y2K) will undoubtedly affect everyone in some way.

By simple explanation, the Year 2000, or Y2K, problem is caused by a "shortcut" used in many computers. Years ago, to conserve memory space, programmers used two numbers to record the year—for example, 72 would mean 1972.

Why is this a problem? Unfortunately, computers and microchips that still use a two-number year may, on January 1, 2000, recognize 00 not as the Year 2000 but as the Year 1900. This may cause them to either shut down or generate incorrect data.¹

How Can Y2K Impact Hospitals and Healthcare Systems?

Healthcare may be uniquely impacted by Y2K because hospitals and healthcare systems rely on thousands of medical devices and pieces of equipment to serve patients. In addition, they use computer software to perform administrative functions, such as payroll, purchasing, billing and credentialing. They also use computer software for physical plant and building infrastructure, such as elevators and security systems. Operational systems such as electricity, phone lines, heating and air conditioning may be affected. Every day, healthcare facilities rely on a variety of outside organizations and companies, such as medical suppliers, vendors and public utilities, to deliver care. These all may possibly be affected by Y2K.

However, Y2K isn't just about technology, its also about credibility, and the need for a statewide disaster preparedness assessment of our healthcare system as in any other disaster preparedness assessment. California hospitals and ambulance service providers must be ready to provide safe and necessary patient care in January of next year. In general, hospitals and ambulance providers will have to focus on three areas in their exercise preparation: 1) medical devices and clinical equipment; 2) information systems; and 3) physical plants and infrastructure. Hospitals and ambulance providers are keenly aware of the problem and have taken many steps to prepare for the millennium bug, which have typically included:

- establishing a Y2K project team led by a senior member of management;
- researching Internet databases for background information;
- preparing an inventory of Y2K-affected equipment, computers and software;
- obtaining equipment-compliance information from manufacturers and vendors;

¹ Source: President's Council on Year 2000 Conversion home page

Background Information for the Exercise Scenario (Continued)

- testing *all* devices and equipment (not just a sampling) and taking the appropriate steps to repair or replace if necessary;
- communicating and working with manufacturers and vendors to repair or replace non-compliant equipment, computers and software;
- subscribing to device-tracking and notification services that will provide status changes on device compliance;
- developing a repair and/or replacement plan to deal with non-compliant devices, equipment, and computer hardware and software developed or modified by the hospital or healthcare system;
- preparing an internal action plan to deal with potential malfunctions on or about Jan. 1, 2000;
- establishing a central file to document the hospital's or healthcare system's Y2K process and all related communications; and
- establishing a contingency plan to prepare for unforeseen circumstances and working with other community sectors (i.e., public utilities, transportation, water supply, etc.) to ensure disaster readiness from all perspectives, including Y2K.

Hospitals nationwide are expected to spend more than \$8.2 billion on Y2K efforts. In California, that amount will exceed \$820 million.

Some Medical Devices are Mission Critical

To ensure the seamless delivery of healthcare services and to help prevent any interruption in patient care, hospitals and healthcare systems have focused first on areas identified as "mission critical" -- those that could potentially endanger life or health. Some medical devices, in particular, fall into the mission-critical category. Examples include defibrillators, fetal monitors, ventilators, heart-lung machines, cardiac monitors and other life-support equipment.

Hospitals and ambulance services depend on manufacturers and the medical-device industry to provide information on the Y2K-compliance status of mission-critical equipment and many other devices. This reliance has led many hospitals to express concerns regarding manufacturers that have been less than forthcoming in providing Y2K-compliance information.

In an attempt to improve this situation, President Clinton signed *The Year 2000 Information and Readiness Disclosure Act* (Good Samaritan legislation) in October 1998. The legislation is designed to shield from liability the sharing of information among businesses that provide Y2K status in good faith. The law also encourages all parties -- providers, suppliers, manufacturers and others -- to work together and promote disclosure and exchange of Y2K information. To gain immunity, specific language must be used on written documents regarding Y2K compliance. It is important to have legal staff review all Y2K materials.

Also, in early July of this year, Congress passed a Y2K liability bill which President Clinton is expected to sign. The bill includes American Hospital Association -- supported language making it clear that hospitals sued for a Y2K -- related event can, in turn, sue the device manufacturer. The compromise would give companies a grace period to fix Y2K -- related problems before being sued.

Background Information for the Exercise Scenario (Continued)***Hospitals Must be Prepared with Communication Plans***

Hospitals should review their current crisis communications and disaster preparedness plans to ensure they are up to date and will work as well in a Y2K emergency as they would in other emergencies, such as severe weather or major accidents. It is highly unlikely Y2K will cause a catastrophic impact in California or the rest of the nation. However, there is some potential for facility, local or regional impact that will affect hospital operations and communications. It is imperative for hospitals to prepare with up-to-date disaster plans and to ensure that employees are well informed regarding how to implement the preparation, response and recovery elements of those plans for any type of disaster.

Healthcare Facilities Must Think Beyond Potential Equipment and Facility Problems

Hospitals and ambulance services are busy preparing internally for problems that may result from the malfunction of microchips and computer software, but they also must acknowledge and prepare for problems likely to occur that are a result of anticipated crowding in urban areas and revelry.

In order to address these potential problems, healthcare providers must work with cities and counties to implement emergency operations plans in the event of unfavorable New Year's Eve revelry, as well as alert community members to the serious consequences that may result from overzealous celebratory activities.

At this point in disaster preparation, it is critical that hospitals and ambulance providers begin to focus on contingency planning. Given the complexity of healthcare facilities, some organizations may not have found and fixed all of its Y2K bugs. This means hospitals and healthcare systems also should develop action plans for responding to the potential loss of any essential processes or services. These efforts need to be directed both internally across facilities, and externally within communities, to include utilities, fire/police, ambulance and other healthcare providers.

Finally, the local hospital is for patient care and healthcare emergencies, and should not be viewed as a shelter in the event of massive power outages or civil disturbance. Hospitals and ambulance service providers should coordinate with area social service and community agencies to establish alternative "safe zones" for residents, so hospitals can continue to provide high-quality patient care and to adequately handle healthcare emergencies.

Fact Sheet

STATEWIDE HOSPITAL AND AMBULANCE GENERAL EMERGENCY READINESS EXERCISE

WHAT: A statewide hospital and ambulance general emergency exercise, based on a Y2K initiating scenario, to assist healthcare facilities and ambulance service providers in developing and testing contingency plans used for all hazards.

WHO: Statewide, all 473 acute care hospitals and 15 VA hospitals have been invited to participate, as well as 273 private ambulance services through their affiliation with the California Ambulance Association. Local EMS agencies and local emergency managers are encouraged to coordinate with their local hospitals and participate in the communications portion of the exercise. There has also been facilitation from a number of State agencies that will assist in the exercise including the Emergency Medical Services Authority, the Department of Health Services, and the Governor's Office of Emergency Services.

WHY: Emergency readiness is a part of the operations of all critical services statewide. It is important to perform public-private partnerships to ensure these critical services continue during disruptions caused by any disaster situation. This planning is becoming even more important for the healthcare system because:

- The healthcare providers and the healthcare system are largely provided through numerous service providers in the private sector.
- The provision of critical healthcare services is affected by its inter-dependency on the capability of numerous vendors and infrastructure support.

It is therefore essential for hospitals, ambulance providers and local government to test and revise existing disaster response plans as well as share and receive information on areas most vulnerable to disaster, including Y2K.

WHEN: The Statewide Hospital and Ambulance General Emergency Readiness Exercise will take place on September 16, 1999. Initial messages will be given at 8:00 a.m. The main exercise will begin at 10:00 a.m. and run until 3:00 p.m.

GOAL: To provide a statewide exercise for participating acute care hospitals and ambulance service providers to assess the effectiveness and evaluate the readiness of their contingency plans and overall emergency preparedness; and for these healthcare providers to coordinate with facilitating government agencies to jointly assess emergency communication linkages.

Fact Sheet (continued)**OBJECTIVES FOR FACILITIES:****Mandatory**

1. Implemented the facility's disaster plan.
2. Assessed the back-up generator system.
3. Utilized alternative communications (other than telephone) to reach the County Emergency Operations Center, nearby hospitals or "sister" hospitals.
4. Assessed back-up systems or techniques to handle potential problems associated with at least one computer system critical to the operation of the healthcare facility.
5. Assessed the ability to respond to a large influx of patients and subsequent facility overcrowding.

Optional

6. Assessed the ability to respond to a hazardous materials releases as a result of Y2K, including patient decontamination.
7. Identified personnel that will be immediately available to handle unforeseen Y2K issues and maintain facility operations.
8. Established alternative communications between ambulance personnel and healthcare facilities.
9. Determined whether sufficient medical supplies (including pharmaceuticals) will be available in the facility if there is an increase in patient volume or a disruption in resupply.
10. Identified the potential need to evacuate patients as result of an internal disaster.

OBJECTIVES FOR AMBULANCE SERVICE PROVIDERS:**Mandatory**

1. Implemented the disaster plan.
2. Assessed the back-up generator system.
3. Utilized alternative communications (other than telephones) to reach ambulance crews, the County Emergency Operations Center and hospitals.
4. Assessed back-up systems or techniques to handle potential Y2K problems associated with at least one computer system critical to operations.
5. Assessed the ability to respond to a large influx of patients and subsequent hospital overcrowding with patient redirection.

Optional

6. Assessed the ability to respond to a hazardous materials release as a result of disaster problems, including patient decontamination and transport.
7. Identified personnel that will be immediately available to handle unforeseen Y2K issues and maintain operations.
8. Established alternative communications between ambulance personnel and health care facilities.

(continued)

Fact Sheet (continued)**OBJECTIVES FOR AMBULANCE SERVICE PROVIDERS: (continued)****Optional**

9. Determined whether sufficient medical supplies (including pharmaceuticals) will be available if there is an increase in patient volume or a disruption in resupply.
10. Identified the potential need to assist hospitals to evacuate patients as result of an internal disaster.

OUTCOME: To identify potential preparedness issues and revise contingency plans, as necessary, to improve statewide disaster healthcare preparedness.

EXERCISE: The Joint Commission on Accreditation of Healthcare Organizations (JCAHO) requires two disaster drills per year. At least one exercise yearly should include an influx of volunteer or simulated patients; tabletop exercises, though useful in planning or training, are not acceptable substitutes for a drill. The purposes of a drill or exercise is to:

- Foster individual and departmental investment in the disaster plan;
- Educate staff;
- Help staff rehearse their skills;
- Develop solutions to problems;
- Validate staff's progress in preparedness;
- Improve the disaster plan.

A **full-scale exercise** involves simulating reality to the highest degree possible. It also involves internal hospital functions, like the EOC, and external (field) response components, such as ambulance services. It is generally quite complex, especially if it involves multiple disciplines and/or jurisdictions. JCAHO requires that the hospital's role in the community emergency response plan be exercised.

PLANNING COMMITTEE: (A Public-and-Private Partnership)**Lead Organizations**

- California Healthcare Association
- Healthcare Association of Southern California
- Healthcare Association of San Diego & Imperial Counties
- Hospital Council of Northern and Southern California
- Kaiser Permanente
- Queen of the Valley Hospital
- Adventist Health
- Catholic Healthcare West
- Sutter Health
- Tenet Healthcare Corporation
- California Ambulance Association

(continued)

Fact Sheet (continued)**PLANNING COMMITTEE:** (A Public-and-Private Partnership) continued**Facilitating Organizations**

- Emergency Medical Services Authority
- Regional Disaster Medical/Health Specialists
- Department of Health Services
- Governor's Office of Emergency Services
- Office of Statewide Health Planning and Development
- Department of Veterans Affairs (Federal Government)
- Contra Costa County EMS Agency
- San Mateo County EMS Agency
- Sierra-Sacramento EMS Agency
- Los Angeles County EMS Agency

NEWS RELEASES, REPORTS AND FORUMS:

A joint news release from public-and-private healthcare system officials should be available on September 17, the day after the exercise.

An After-Action Report should be available to the public sometime after the Governor receives it from the Emergency Medical Services Authority in October.

Conferences will be held in which the results of the exercise will be discussed. These will be held in Southern California (October 13 and 14) and in Northern California (October 20 and 21).

Sample News Release for Healthcare Organizations

NOTE: Please personalize and modify as appropriate, then submit this press release to your local media on your organization's letterhead. Contact Lori J. Aldrete, CHA senior vice president for marketing and communications, at (916) 552-7512 or laldrete@calhealth.org if you would like this document sent to you via e-mail.

(Date), 1999

PRE-EXERCISE SAMPLE PRESS RELEASE

(ORGANIZATION NAME) PREPARES FOR DISASTER READINESS EXERCISE

Contact: (Organization Media Contact), (Title), (Telephone Number)

(City,) Calif. – In an unprecedented voluntary partnership among California's hospitals, ambulance services, and State government, (Organization Name) will join more than 400 other California acute care hospitals in a test of its general emergency readiness on Sept. 16.

"(Organization Name) is committed to provide quality care into the next millennium," stated (Organization Spokesperson Name, Title). "Participation in the statewide Sept. 16 exercise is just one of the many actions (Organization Name) has taken to assure readiness for any potential disaster, including Y2K."

The California Healthcare Association, Hospital Council of Northern and Central California, Healthcare Association of Southern California, Healthcare Association of San Diego and Imperial Counties are partnering with the California Ambulance Association and the State Emergency Medical Services Authority, Department of Health Services, Office of Emergency Services and more than 90 percent of California's acute care hospitals to conduct this participation-optional statewide emergency readiness exercise.

Testing will include potential scenarios of proven outages, hospital overflow, hazardous materials incidents and communications problems. These problems can occur as a result of any natural or man-made events.

(Organization Name) has devoted enormous resources to updating and testing medical equipment and computer technology. While healthcare facilities practice emergency preparedness year-round, and are always available to provide needed emergency care, some special precautions and plans have been put in place to assure Y2K does not affect patient care at (Organization Name). (Organization Name) is confident in its ability to provide continuous, quality patient care, but recognizes the importance of contingency planning to respond to isolated malfunctions, or community or regional infrastructure service disruptions.

The Hospital and Ambulance General Emergency Readiness Exercise will include an assessment of hospital Y2K contingency plan readiness; testing of hospital and ambulance service disaster contingency plans; and communications of hospital bed and ambulance availability throughout the State. Some county- and hospital/ambulance-specific scenarios will be tested as well.

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(Insert basic information paragraph about organization here.)

Sample News Release for Healthcare Organizations

NOTE: Please personalize and modify as appropriate, then submit this press release to your local media on your organization's letterhead. Contact Lori J. Aldrete, CHA senior vice president for marketing and communications, at (916) 552-7512 or laldrete@calhealth.org if you would like this document sent to you via e-mail.

(Date), 1999

POST-EXERCISE SAMPLE PRESS RELEASE

(ORGANIZATION NAME) PARTICIPATES IN DISASTER READINESS EXERCISE

Contact: (Organization Media Contact), (Title), (Telephone Number)

(City,) Calif. -- (Organization Name) participated in a statewide Hospital and Ambulance Emergency Readiness exercise Sept. 16, designed to evaluate the healthcare community's general emergency readiness.

(Organization Name) partnered with the CHA, HCNCC, HASC, HASD&IC, California Ambulance Association and the State Emergency Medical Services Authority (EMSA), Department of Health Services (DHS), and Office of Emergency Services (OES) in the Sept. 16 Hospital and Ambulance General Emergency Readiness Exercise. The drill tested (Organization Name's) contingency planning for a hypothetical Y2K malfunction, and communications of hospital bed and ambulance availability.

"Participation in the statewide Sept. 16 exercise is just one of the many actions our organization has taken to assure emergency readiness and (Organization Name) performed in an outstanding manner," stated (Organization Spokesperson Name, Title). "Patient care is our main concern and will not be jeopardized by any disaster or Y2K issues."

Due to limited device memory, computer programmers originally recorded a two-digit entry to represent a year date. If left uncorrected, some computer systems and chips could assume "00" stands for Jan. 1, 1900, instead of Jan. 1, 2000, and react inappropriately.

(Organization Name) has devoted enormous resources to updating and testing medical equipment and computer technology. While healthcare facilities practice emergency preparedness year-round, some special precautions and plans have been put in place to assure Y2K does not affect patient care at (Organization Name). (Organization Name) is confident in its ability to provide continuous, quality patient care, but recognizes the importance of contingency planning to ensure continuity of care in the event of an isolated malfunction, or community or regional infrastructure service disruption.

Because the government and private sector, including the healthcare community, have been planning for Y2K, a widespread disruption of basic services is highly unlikely. While there may be some minor interruptions in some areas, contingency plans are in place and facility staff are equipped to handle such possibilities as electrical- or phone-service disruption possible during many types of emergencies.

Data collected from the exercise participants will be collected and organized by the EMSA. This information will be used in the future for statewide emergency healthcare planning.

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Sample News Release for Government

NOTE: Please personalize and submit this press release to your local media on your agency letterhead. Visit the EMSA website if you would like to download this news release file.

(Date), 1999

PRE-EXERCISE SAMPLE PRESS RELEASE

(AGENCY NAME) PREPARES FOR DISASTER READINESS EXERCISE

Contact: (Agency Media Contact), (Title), (Telephone Number)

(City,) Calif. -- On September 16, (Agency name) will participate in the first ever Statewide Hospital and General Emergency Readiness Exercise. The private sector healthcare community has worked diligently this year to construct a strong test of their disaster contingency planning. They have also coordinated with all levels of government to test the capability of communicating available resources to respond to healthcare disasters.

To test general emergency readiness, and to reassure the public, (Agency Name) is helping to facilitate the activities for the hospitals and ambulance service providers. The State Emergency Medical Services Authority, Department of Health Services and Office of Emergency Services are partnering with the California Healthcare Association, the three regional hospital & health facility associations and California Ambulance Association to conduct this exercise. Even with all of this considerable activity, no regular healthcare service will be changed by the one-day event.

(Agency Name) is well aware of all levels of risks that might interrupt healthcare services, including those from Y2K. While healthcare facilities practice emergency preparedness year-round for this very reason, and are always available to provide needed emergency care, some special precautions and plans have been put in place to assure Y2K does not affect patient care.

The Hospital and Ambulance General Emergency Readiness Exercise will include an assessment of healthcare facilities and ambulance service emergency readiness; testing of hospital and ambulance service disaster contingency plans; and communications of hospital bed and ambulance availability throughout the State. Some county and hospital/ambulance specific scenarios will be tested as well.

"(Agency Name) is prepared and committed to support the healthcare community to provide quality care into the next millennium," stated (Agency Spokesperson Name, Title). "Participation in the statewide September 16 exercise is just one of the many actions (Agency Name) has taken to assure readiness any disaster hazards, including Y2K."

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Talking Points

Purpose and Use of Talking Points

The following talking points are designed to keep any interview or presentation on track with the basic focus of the readiness exercise. These are not the only points you may want to cover, but they should be used as a quick reference to ensure that the basic message is consistent with the rest of the healthcare providers. Don't worry if the points are not covered in order. However, be sure to return to the key points as soon as possible to maintain the continuity of the message to the public and the media.

Reasons for an Exercise

- To strengthen the private-and-public partnership for the California healthcare system
- Completes a year of improving planning and preparation for healthcare disasters
- An on-going process to improve emergency performance by testing and evaluation
- Supports the annual exercise requirements at many healthcare facilities
- First-ever statewide exercise in California by one of the largest healthcare systems in the world
- Combines communications testing at all levels of the healthcare system, including HAM radio and the Internet

Some of the Long-Term Benefits from the Planning and Exercise Process

- Strengthens every community's ability to maintain adequate healthcare during a disaster
- Strengthens every healthcare organization's ability to recover operations after any disaster
- Strengthens the coordination and cooperation between public-and-private sector participants

Where to Find Exercise Results

- General comments will be provided in a joint news release September 17, 1999
- Evaluations will be provided from participating healthcare providers after the exercise
- The healthcare providers will also complete a readiness assessment survey internally
- The Emergency Medical Services Authority will compile exercise results and compile a report reflecting information about available resources from the hospitals and ambulance providers
- The healthcare providers will have time to take the "lessons learned" and make appropriate changes to their operations to improve their general emergency planning

Where to Get More Technical Information About the Planning and Exercise Process

- Lead Organizations: Hospitals and ambulance service associations
- Facilitating Organizations: Emergency Medical Services Authority, Department of Health Services, Office of Emergency Services

Roles of Healthcare Provider Organizations

THE CALIFORNIA HEALTHCARE ASSOCIATION (CHA)

The California Healthcare Association (CHA) is the statewide leader representing the interests of hospitals, healthcare systems, physician organizations and other healthcare providers in California. A not-for-profit organization based in Sacramento, CHA is one of the largest healthcare trade associations in the nation with more than 630 hospital, healthcare system and physician organization members, as well as nearly 200 affiliate and personal members. CHA provides its members with proactive leadership in healthcare policy development, legislative and regulatory advocacy, and legal representation. Through effective leadership and member participation, CHA seeks to develop consensus and establish public policy priorities, which encourage a financial and regulatory environment within which hospitals, healthcare systems, physician organizations and other healthcare providers can continue to provide high-quality patient care.

HEALTHCARE ASSOCIATION OF SOUTHERN CALIFORNIA (HASC)

The Healthcare Association of Southern California (HASC) represents more than 300 healthcare organizations in Los Angeles, Orange, Riverside, San Bernardino, Ventura and Santa Barbara counties. The organizations represented include hospitals and healthcare facilities, physician groups and integrated systems. The mission of HASC is to serve its members' political, economic, informational and educational needs AND improve the quality and accessibility of healthcare services, thereby improving the health status of communities.

HEALTHCARE ASSOCIATION OF SAN DIEGO AND IMPERIAL COUNTIES (HASD & IC)

The Healthcare Association of San Diego and Imperial Counties (HASD&IC) supports its members by advancing the organization, management and effective delivery of affordable, medically necessary, quality healthcare services for the San Diego and Imperial counties community. HASD&IC provides strong leadership, representation and advocacy with local governmental entities, business coalitions, the media, community organizations and the public.

HOSPITAL COUNCIL OF NORTHERN AND CENTRAL CALIFORNIA (HCNCC)

The Hospital Council of Northern and Central California (HCNCC) is a nonprofit hospital and healthcare system trade association representing more than 200 hospitals in 50 of California's 58 counties, from Kern County to the Oregon border. Hospital Council services are delivered geographically through three divisions to provide members with opportunities to pursue common goals and efforts that are county-specific and/or regional in nature. Hospital Council representatives work closely with boards of supervisors, health departments and other county agencies to address Medi-Cal managed care, safety net issues, public-private partnerships, emergency medical services and other critical issues.

Roles of Healthcare Provider Organizations (continued)

THE CALIFORNIA AMBULANCE ASSOCIATION (CAA)

The California Ambulance Association (CAA) represents companies providing emergency and non-emergency ambulance services. Formed in 1948 in response to the need for improvements in medical transportation and emergency medical services, the association serves as a voice and resource for the industry. The association views pre-hospital care not only as a public service, but also as an essential part of the total healthcare system.

The objectives of the association, as stated in its bylaws, include:

- promoting better patient care; developing the highest level of medical
- transportation at a reasonable cost; and cooperating with organizations
- providing medical care. The association also seeks to improve standards for
- personnel and equipment and to encourage the highest standards of ethics and
- conduct. It offers information and counsel on federal and State statutes and
- regulations and other matters related to the provision of medical services,
- such as insurance and antitrust regulations. The CAA also provides
- information to physicians, educators, legislators, and regulators, and the
- general public on pre-hospital care and medical transportation.

Key Contacts at Healthcare Provider Organizations

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REGIONAL HEALTHCARE PROVIDER ASSOCIATIONS MAP

Roles of Facilitating Government Organizations

EMERGENCY MEDICAL SERVICES AUTHORITY (EMSA)

Establishes policy and direction to assist local government in the event of a medical emergency that exceeds local and regional capability to respond.

- State medical preparedness and response management
- Strengthen local disaster response capabilities
- Liaison with federal disaster medical system
- Support local response
- Establish communication with affected counties
- Assess disaster medical needs
- Coordinate the provision of medical resources to hospitals, clinics, nursing homes, shelters and field treatment sites.

DEPARTMENT OF HEALTH SERVICES (DHS)

Preserves, protects, and restores the health of the citizens in the disaster area through the provision, support, or restoration of public health and medical care services and programs.

- Coordinate statewide public health assistance in support of local operations
- Conduct statutorily mandated response activities
- Support the EMSA in planning for and staffing the State Medical and Health Emergency Operations Center
- Enforcement of Title 22 regulations regarding healthcare facilities development and review of disaster plans
- Facility implementation of disaster plans and notification of DHS, Licensing and Certification
- Plan in coordination with OES, EMSA and other departments
- Communication and liaison with OES, EMSA, local emergency authorities and other DHS programs and authorities
- Provide consultation and information to healthcare facility staff and local emergency authorities regarding evacuation and relocation options
- During disasters, provide volunteer medical personnel for staffing and other disaster relief

Roles of Facilitating Government Organizations (continued)

THE GOVERNOR'S OFFICE OF EMERGENCY SERVICES (OES)

Responsible for providing statewide leadership and coordination of the State's disaster response, including disaster planning, preparedness, response, mitigation, and recovery.

- Lead planning, response, recovery and mitigation coordination
- Set emergency management standards
- Support mutual aid programs
- Direct resources in response to a disaster
- Assure State readiness to prepare, respond, recover, mitigate
- Coordinate overall State agency response in disasters
- Respond to and supports local government
- Task appropriate State agencies to respond to local needs
- Administer the Standardized Emergency Management System
- Support mutual aid: neighbor helping neighbor
- Coordinate response from the OES Regional Emergency Operations Center
- Use emergency operations centers to process local government and State agency requests, in coordination with FEMA, as needed

Key Contacts at Facilitating Government Organizations**Planning****Emergency Medical Services Authority**

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CALIFORNIA MUTUAL AID REGIONS



A BRIEF Y2K CALENDAR

DATE	EXPLANATION
April 9, 1999	9999 on Julian Calendar: may indicate "end of ii on some systems, and is used as a "scratch date" some programmers to dump data.
September 9, 1999	Also a 9999 on the Gregorian Calendar
December 31, 1999	Last day of 1999
January 1, 2000	Beginning of 2000
January 3, 2000	First business day of 2000
January 10, 2000	First date requiring a 7 digit field (1/10/2000)
February 29, 2000	Leap year
October 10, 2000	First date requiring an 8 digit field (10/10/2000)
December 31, 2000	Check that year has 366 days
December 31, 2001	Check that year has 365 days

1999 STATEWIDE HOSPITAL & AMBULANCE GE EMERGENCY READINESS EXERCISE COMMUNICAT



